

For Department Use Only
License # _____
Effective Date _____
WS# _____

State of California

Business Entity Application

for Insurance License

(Type or print clearly)

BUSINESS ENTITY TYPES: (check only one please)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Nonprofit Corporation
	<input type="checkbox"/> Unincorporated Association

LICENSE TYPE: (check only one please)	
<input type="checkbox"/> Life Agent (LX)	<input type="checkbox"/> Fire & Casualty Broker-Agent (FX)
<input type="checkbox"/> Life & Disability Analyst (LA)	<input type="checkbox"/> Motor Club (MC)
<input type="checkbox"/> Cargo Shipper's Agent (CS)	<input type="checkbox"/> Surplus Line Broker (SL)
<input type="checkbox"/> Rental Car Agent (RC)	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)

Business Entity Name

Federal Employer Identification Number ____ - ____ - ____ - ____ - ____ - ____	Incorporation /Formation date month day year	State of Incorporation: Attach copy of Certificate of Good Standing
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Business Address (P.O. Box not acceptable.) _____ _____ _____	City _____	State _____	Zip Code _____
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Business Phone Number () - _____	Business Fax Number () - _____	Business E-mail Address _____	Business Web Site Address _____
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Mailing Address (P. O. Box is acceptable) _____ _____ _____	City _____	State _____	Zip Code _____
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FICTITIOUS NAMES:	
A. Does the business entity intend to use a fictitious (DBA) name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list such name: (This name must be approved by the Department prior to use.) _____ _____	
B. Is the business entity now or has it ever used any name other than shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list names, dates and reason(s) used. _____ _____	

BUSINESS ENTITY INFORMATION:	
Is this business entity engaged in any business or activity other than insurance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer the following:	
A. What is the nature of this other business or activity? _____	
B. What percentage of the business entity 's net income will be derived from this other business or activity? _____	
IMPORTANT: Business entity applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting of insurance is not incompatible under such laws.	

Is the business entity an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DOES THE BUSINESS ENTITY HOLD OR HAS IT EVER HELD AN INSURANCE LICENSE AS A RESIDENT IN ANY STATE, INCLUDING THE STATE OF CALIFORNIA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the following: (attach a separate sheet if needed)	

Type of License and License Number	State or Province	Date License Held	Is License In Force?

LIFE AGENT LICENSE APPLICANTS ONLY:

Does the business entity intend to act as a Variable Contract Agent?..... ☐ Yes ☐ No

Any business entity intending to act as a Variable Contract Agent must have at least one Designated/Responsible Licensed Producer authorized as a Variable Contract Agent.

DESIGNATED/RESPONSIBLE LICENSED PRODUCER**Identify all Designated/Responsible Licensed Producers***

Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____

(Attach a separate sheet if needed)

***The designees listed above are not required to complete Form 411-8A**

BUSINESS ENTITY DISCLOSURE**Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity**

*If partnership, attach copy of partnership agreement, if any. If no agreement, so state.

Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____

CONTROLLING PERSON:

A "Controlling Person" includes: individual, corporation, partnership, limited liability company, limited partnership or trust.

You the applicant, must identify the Controlling Person, including the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any other person who directly or indirectly possess the power to control the affairs of the business entity.

Is there any business entity, such as a holding company, which acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code?..... ☐ Yes ☐ No

If yes, you must identify the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any person who directly or indirectly possess the power to control the affairs of the business entity. (Attach separate sheet if more space is needed)

Name _____	SSN** _____
Name _____	SSN** _____

SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY: Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172).

List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by the business entity: _____

SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION

List name of each person applying to transact under the authority of this license type, and their relationship to the business entity. (Relationship to the business entity must be that of an EMPLOYEE, OFFICER, PARTNER, MEMBER, OR MANAGER as appropriate to the organization application.) A separate application form 441-9 must be completed by each person named below, and attached to this business entity application.

Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____

**** Mandatory per California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1.**

BACKGROUND INFORMATION

Please read the following very carefully and answer every question:

1. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, or any shareholders owning 10% or more interest in the business entity, ever been convicted of, or is the business entity or, any partner, member, controlling person officer director, manager or any shareholders owning 10% or more interest in the business entity currently charged with, committing a crime, whether or not adjudication was withheld?..... ☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement with original signature explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been involved in an administrative proceeding regarding any professional or occupational license?..... ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement with original signature identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?..... ☐ Yes ☐ No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... ☐ Yes ☐ No

If you answer yes, identify the jurisdiction(s): _____

5. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

➤ **IMPORTANT NOTICE FOR LIMITED LIABILITY COMPANIES:**

TO ENSURE COMPLIANCE WITH THE PROVISIONS OF SECTION 1647.5 OF THE CALIFORNIA INSURANCE CODE, THIS DEPARTMENT, IN ACCORDANCE WITH SECTION 1666 OF THE CALIFORNIA INSURANCE CODE, IS REQUESTING ADDITIONAL INFORMATION FROM ALL APPLICANTS FOR FIRE AND CASUALTY BROKER-AGENT, LIFE AGENT, SURPLUS LINE BROKER, SPECIAL LINES' SURPLUS LINE BROKER, OR CARGO SHIPPERS' AGENT LICENSE(S). PLEASE SUBMIT THE FOLLOWING ITEMS WITH THE BUSINESS ENTITY APPLICATION:

1. A statement as to the number of licensees rendering professional services on behalf of the Limited Liability Company.
2. The aggregate dollar amount of E & O Liability Insurance, Cash, Bonds, Bank Certificates of Deposit, U.S. Treasury obligations, etc, held to provide security for claims against the Limited Liability Company. (The amount required over the minimum of \$500,000, is at least \$100,000 multiplied by the number of licensees rendering professional services on behalf of the company; however, the maximum amount is not required to exceed \$5,000,000.)
3. For purposes of satisfying the security requirements of California Insurance Code Section 1647.5, we will require one or more of the following:
 - (A) A copy of the declaration page for each liability insurance policy used to satisfy the minimum-security requirement.
 - (B) Verification by the bank or escrow holder listing the type and current dollar value of the assets used to satisfy the minimum-security requirements.

NOTE: LIMITED LIABILITY COMPANY LICENSEES MUST FILE, AT LEAST ONCE EACH YEAR, AN "ANNUAL CONFIRMATION" WITH THE COMMISSIONER IN THE ABOVE FORMAT, TO DEMONSTRATE CONTINUING COMPLIANCE WITH THE FINANCIAL SECURITY REQUIREMENTS OF SECTION 1647.5 CIC.

APPLICANT'S CERTIFICATION:

I (we) certify (or declare) under penalty of perjury that:

- (a) the named business entity intends actively and in good faith to carry on an insurance business with the general public;
- (b) the business entity's articles of incorporation or articles of organization or association or partnership agreement, as the case may be, do not forbid it to act in the capacity for which this application is being made;
- (c) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) by which it is licensed (if any);
- (d) if the license is granted, only those natural persons so authorized will transact insurance under each license;
- (e) (Surplus Line and Special Lines' applicants only) - we apply for a license pursuant to the provisions of Chapter 6, Part 2, Division 1 of the Insurance Code of the State of California permitting the solicitation, negotiation and subject to the provision of said Chapter, the effecting of insurance to be procured from or placed with insurers not authorized to transact insurance business in this State.

Further, I (we) certify (or declare) under penalty of perjury that I (we) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (we) understand that pursuant to Sections 1668 (h) and 1738 of the Insurance Code, any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Sections 1703 and 1733, I (we) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

➤ **SIGNATURE(S)** _____ **Title** _____

(type name and title) **Title** _____

(type name and title) **Title** _____

(type name and title) **Title** _____

(type name and title) **Title** _____

(type name and title) **Title** _____

IMPORTANT NOTICE

If organization is a partnership, each partner must sign this application.

If organization is a corporation, an officer having authority to bind the organization must sign.

If organization is a limited liability company, an officer, member or manager having authority to bind the organization must sign.

If organization is a nonprofit corporation or unincorporated association, all members must sign.

➤ **DATE EXECUTED** _____, **AT** _____, _____
(month, day, year) (city) (state)

BUSINESS PHONE # () _____

➤ **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

Name of Business Entity _____
FEIN # _____

ACTION NOTICE OF APPOINTMENT*

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Filing fees required for each appointment submitted.

***If this appointment form is completed by the insurer, Form 447-54 is not required**

Appointment Types: FX: Fire and Casualty LX: Life DO: Disability Only
RC: Rental Car Applicants must complete a Rental Car Agent Notice of Appointment, Form RCA 3

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Official Title	Date
Phone Number () _____		

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Insurer	Official Title	Date
Phone Number () _____			

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Insurer	Official Title	Date
Phone Number () _____			

Please note: Form 447-54A and filing fee must be submitted for each additional appointment.

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

AGENCY: Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, Ca 95814-4309 **TELEPHONE NUMBER:** (800) 967-9331 or (916) 322-3555

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE: Chief, Producer Licensing Bureau

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

THE PRINCIPAL PURPOSES (S) FOR WHICH THE INFORMATION IS TO BE USED: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(a) OF THE CIVIL CODE.

• INSTRUCTIONS FOR COMPLETING BUSINESS ENTITY APPLICATION

RE: "BUSINESS ENTITY TYPE":

CORPORATION- if already incorporated, attach a copy of your Certificate of Good Standing. If corporation has been formed as a result of a merger, submit a copy of your approved merger papers.

PARTNERSHIP - attach a copy of the partnership agreement (if any). If no agreement, so state on application. **The PARTNERSHIP'S FEDERAL IDENTIFICATION NUMBER IS MANDATORY** and must be entered in the space shown.

LIMITED LIABILITY COMPANY - attach a copy of your approved articles of organization. Additional requirements are listed on page 4. This documentation must be submitted with your application.

RE: "BUSINESS ENTITY NAME":

The true business entity name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the Insurance Commissioner.

RE: "FICTITIOUS NAME":

If you intend to transact insurance in a name other than the true business entity name, enter such fictitious name. This name is subject to disapproval by the Insurance Commissioner.

RE: "DESIGNATED/RESPONSIBLE LICENSED PRODUCER":

You must list all licensed producers intending to transact on behalf of the business entity. All unlicensed producers intending to transact on behalf of the business entity must complete form 441-9.

RE: "CONTROLLING PERSON":

Insurance Code Section 1668.5(b), in part, defines a "controlling person" as a person who possesses the power to direct or cause the direction of the management and policies of the business entity.

RE: "BACKGROUND INFORMATION":

If the answer is "yes" to any of these questions, you must submit required documentation.

RE: "APPLICANT'S CERTIFICATION":

Partnership - each partner of the partnership must sign. **Corporation** or **Association** - an officer having authority to bind the Corporation or Association must sign.

NONRESIDENT APPLICANTS ONLY: Nonresident applicants require the following items:

- A) An original certificate of license status from you home state; a **copy** of your license in **not** acceptable.
- B) Stipulation and Agreement (form 447-68) signed by you.

FEES

A) Licenses are issued for a two-year term, which begins the date the first license is issued to the business entity and ends the last day of that calendar month two years later. Subsequent licenses are issued for the balance of the established license term.

B) **Fees:** Filing fees are required for each business entity application submitted, except that Surplus Line or Special Lines' fees may vary - see below:

SURPLUS AND SPECIAL LINES' FILING FEES:

- 1) One filing fee covers the first **TWO** natural persons named under either of these license types. An additional filing fee is required for each subsequent natural person to be named on the license.
- 2) Fees collected from one person for either the Surplus Line or Special Lines' license cover that person's fees for both licenses.

C) Total fee due is determined by adding the appropriate filing fees in (A) and (B) above to other applicable fees listed in enclosed fee chart.

- **PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.**
- **MAIL APPLICATION WITH FEES TO: DEPARTMENT OF INSURANCE
P. O. BOX 1139
SACRAMENTO, CA 95812-1139**
- **DIRECT QUESTIONS REGARDING THIS FILING TO THE PRODUCER LICENSING BUREAU IN SACRAMENTO, (800) 967-9331 or (916) 322-3555**
- **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**